

DECLARATION AND POWER OF ATTORNEY

Docket No. X-16212

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first, and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the invention entitled

LENTIVIRAL APOE2 GENE THERAPY

which is described and claimed in the specification which:

(check ☐ is attached hereto.
one) ☒ was filed on 24 September 2004 as

United States
Application Serial No.

or

PCT International Application No. PCT/US2004/028811
and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined 37 C.F.R. 1.56.

I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional patent application(s) listed below.

60/506,559
(Application Number)

26 September 2003
(Filing Date)

(Application Number)

(Filing Date)

Power of Attorney: As a named inventor, I hereby appoint the attorneys and/or agent(s) associated with customer number 25885 to prosecute this application and transact all business in the Patent and Trademark Office.

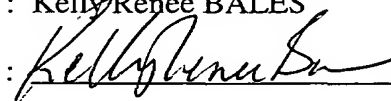
Send correspondence to the address associated with the customer number.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Full Name of Sole or
or First Inventor

: Kelly Renee BALES

Inventor's Signature

:  Date: 8/25/05

Residence Address

: 4055 South County Road 800 West
Coatesville, Indiana 46121
United States of America

Post Office Address

: SAME AS ABOVE

Citizenship

: United States of America

Full Name of Second
Joint Inventor, if Any

: Jean-Cosme Francois DODART

Inventor's Signature

:  Date: 9/19/05

Residence Address

: 902 North Pennsylvania Street #304
Indianapolis, Indiana 46204
United States of America

Post Office Address

: SAME AS ABOVE

Citizenship

: France

Full Name of Third
Joint Inventor, if Any

: Steven Marc PAUL

Inventor's Signature

:  Date: 2/22/06

Residence Address

: 1145 Laurelwood
Carmel, Indiana 46032
United States of America

Post Office Address

: SAME AS ABOVE

Citizenship

: United States of America

Full Name of Fourth

Joint Inventor, if Any : Robert A. MARR

Inventor's Signature

: Robert A. MARR Date: Aug 15 / 05

Residence Address

: 3550 Lebon Drive, Apartment #6424
San Diego, California 92122
United States of America

Post Office Address

: SAME AS ABOVE

Citizenship

: Canada

Full Name of Fifth

Joint Inventor, if Any : Inder Mohan VERMA

Inventor's Signature

: _____ Date: _____

Residence Address

: 1620 Valdes Drive
San Diego, California 96037
United States of America

Post Office Address

: SAME AS ABOVE

Citizenship

: United States of America

DECLARATION AND POWER OF ATTORNEY

Docket No. X-16212

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first, and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the invention entitled

LENTIVIRAL APOE2 GENE THERAPY

which is described and claimed in the specification which:

(check ☐ is attached hereto.
one) ☒ was filed on 24 September 2004 as

United States
Application Serial No.

or

PCT International Application No. PCT/US2004/028811
and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined 37 C.F.R. 1.56.

I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional patent application(s) listed below.

60/506,559
(Application Number)

26 September 2003
(Filing Date)

(Application Number)

(Filing Date)

Power of Attorney: As a named inventor, I hereby appoint the attorneys and/or agent(s) associated with customer number 25885 to prosecute this application and transact all business in the Patent and Trademark Office.

Send correspondence to the address associated with the customer number.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Full Name of Sole or
or First Inventor : Kelly Renee BALES

Inventor's Signature : _____ Date: _____

Residence Address : 4055 South County Road 800 West
Coatesville, Indiana 46121
United States of America

Post Office Address : SAME AS ABOVE

Citizenship : United States of America

Full Name of Second
Joint Inventor, if Any : Jean-Cosme Francois DODART

Inventor's Signature : _____ Date: _____

Residence Address : 902 North Pennsylvania Street #304
Indianapolis, Indiana 46204
United States of America

Post Office Address : SAME AS ABOVE

Citizenship : France

Full Name of Third
Joint Inventor, if Any : Steven Marc PAUL

Inventor's Signature : _____ Date: _____

Residence Address : 1145 Laurelwood
Carmel, Indiana 46032
United States of America

Post Office Address : SAME AS ABOVE

Citizenship : United States of America

Full Name of Fourth
Joint Inventor, if Any : Robert A. MARR

Inventor's Signature : _____ Date: _____

Residence Address : 3550 Lebon Drive, Apartment #6424
San Diego, California 92122
United States of America

Post Office Address : SAME AS ABOVE

Citizenship : Canada

Full Name of Fifth
Joint Inventor, if Any : Inder Mohan VERMA

Inventor's Signature : Inder Mohan Verma Date: Aug 12/05

Residence Address : 1620 Valdes Drive
San Diego, California 96037
United States of America

Post Office Address : SAME AS ABOVE

Citizenship : United States of America